



Tennessee Department of Children's Services  
**Notice of Child Death/Near Death**

Case # 2015.012

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/29/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	1/20/2015		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	Unknown		
Alleged Perpetrator's Name:	Unknown			Relationship to Victim:	N/A	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:	N/A					

**Describe (in detail) circumstances surrounding death/near death:**

██████████ was admitted to ██████████ Hospital for delivery on ██████████. ██████████ was born premature at 23 weeks and 4 days. He reportedly stayed in the NICU until December 27, 2014 at ██████████ Hospital. He was then transferred to ██████████ Hospital to receive a higher level of care. When ██████████ was born, ██████████ tested positive for opiates and THC on December 06, 2014. ██████████ had a prescription for Tylenol with Codeine in it. ██████████ had a urine drug screen and tested positive for opiates. Medical personnel determined the positive opiate drug screen was due to the Tylenol ██████████ had a prescription for. ██████████ had a meconium test performed and the results were negative. Another drug screen was ordered on December 11, 2014 for Ms. ██████████. She was positive for marijuana. ██████████ reported that she had used marijuana on Thanksgiving Day as well as on New Year's Eve. ██████████ was premature reportedly due to rupture of his membranes. It is unknown what caused his premature birth.

In the medical records of ██████████ from ██████████ Hospital from December 27 when ██████████ was discharged to ██████████ Hospital, his principal diagnosis was listed as single live born, born in the hospital, delivered without mention of Cesarean section.

His secondary diagnosis included less than 24 completed weeks of gestation; respiratory distress syndrome in newborn; septicemia (sepsis) of newborn; transient neonatal thrombocytopenia; convulsions in newborn; meningitis, unspecified; interstitial emphysema and related conditions of newborn; Hyperosmolality and/or hyponatremia; anemia of prematurity; other congenital anomalies of gallbladder, bile ducts, and liver; Hypotension, unspecified; hypopotassemia; neonatal bradycardia; methicillin resistant staphylococcus aureus infection in conditions classified elsewhere and of unspecified site; other and unspecified hyperlipidemia; neonatal hypoglycemia; neonatal jaundice associated with preterm delivery; extreme immaturity, 500 to 749 grams; and other diseases of the lungs, not elsewhere classified.

The procedures that were done for ██████████ while at ██████████ Hospital included an arterial catheterization on December 6; transfusion of platelets on December 11; parenteral infusion of concentrated nutritional substances on December 6; transfusion of packed cells on December 11; umbilical vein catheterization on December 6; insertion of intercostal catheter for drainage on December 26; injection or infusion of other therapeutic or prophylactic substance on December 6; continuous invasive mechanical ventilation for 96 consecutive hours or more on December 6; insertion of endotracheal tube on December 6; spinal tap on December 20; and other phototherapy on December 6.

**If this is a near death certified by a physician, identify physician by name and provide contact information:**

Name of Physician:	██████████	Telephone #	( ) -
Street Address:	██████████	City/State/Zip:	██████████

**Describe (in detail) interview with family:**

CPSI ██████████ asked ██████████ about being positive for marijuana and trying to breast feed ██████████. ██████████ said that she did not know that she would be positive for marijuana. She said that she did not realize that marijuana could have a negative effect on ██████████. She said that she has since read on the internet about marijuana affecting the brain. She said that she would never expose ██████████ to marijuana. She said that she had only wanted to breastfeed ██████████ because she knew that breast milk is the best for babies. CPSI ██████████ told ██████████ that it had been said that she had seemed under the influence of drugs while visiting ██████████. Ms. ██████████ said that she does not smoke marijuana often. She said that she did on

Thanksgiving and New Year's Eve. She said that those two times were the only times that she had used marijuana. She said that she did not have a problem with drugs. She said that she goes to [redacted] and sees [redacted]. She also said that she sees [redacted] in [redacted] she said that [redacted] gives her medicine. CPSI [redacted] asked Ms. [redacted] if she had been under the influence of any drugs when she was visiting [redacted]. Ms. [redacted] said no. She said that she just sat and wanted to be with her son. She said that she prayed. She said that she felt like she was entirely changed since [redacted] had been born. She said that she had been told that [redacted] was not going to live, but she believed that anything could be. She said that she wanted a second and maybe a third opinion about [redacted]. She said that when she was at [redacted] with [redacted] she had been told that [redacted] had MRSA which had set up pus pockets in [redacted] brain. Ms. [redacted] said that she had been told that [redacted] would have a painful life and that he would never be ok. She said that they had said that he would be curled up on himself and would not be able to speak. Ms. [redacted] said that she was mad at the doctors at [redacted] because that was where [redacted] got MRSA. She said that she wanted the [redacted] doctors to tell her that there was no chance that [redacted] was going to be okay. She said that she is trying to get her own place and that she had been at a meeting at [redacted]. She said that she had been told that she would have her own place on Tuesday. She said that she is staying with friends at [redacted] until she can get her own place. CPSI [redacted] asked Ms. [redacted] if she lives at the address at [redacted]. She said that she does not, but she uses that mailing address. Ms. [redacted] said that she has a partner named [redacted]. She said that she and [redacted] have been together for four years. CPSI [redacted] asked her if she and [redacted] live together. Ms. [redacted] said no. She said that she had [redacted] have broken up and gotten back together and now they know that they do better when they do not live together. CPSI [redacted] asked Ms. [redacted] if she could have [redacted]'s phone number to call her as a reference. Ms. [redacted] said no. She said that [redacted] has lost custody of her children and is doing everything she can to get her children back. She said that she would rather [redacted] not have to deal with her problems too. CPSI [redacted] asked Ms. [redacted] if she could give her the name of anyone who serves as a support for her. Ms. [redacted] said that [redacted] at [redacted] is really her greatest support. CPS [redacted] said ok. CPSI [redacted] asked Ms. [redacted] who [redacted] father is. Ms. [redacted] said that he was someone that she had been with one of the times that she and [redacted] were apart. She said that she really did not want to tell CPSI [redacted] who he is. She said that she is really not sure anyway. Ms. [redacted] said that she needed to leave because she is going to [redacted] with family today to see [redacted]. She said that she has been told that she will get to hold [redacted] today. She said that [redacted] was changed to a lower lever ventilator. She said that she will take that as a sign of progress. Ms. [redacted] then said that it has been very hard driving back and forth to [redacted] but she cannot afford a hotel. She said that she was told that she is not eligible for the Ronald McDonald house because she was on drugs when [redacted] was born.

**If child was hospitalized, describe (in detail) DCS involvement during hospitalization:**

[redacted] was hospitalized from his birthdate on 12/6/14 at [redacted] Hospital until he was transferred to [redacted] Hospital. The case was called in on 12/29/14. A courtesy was requested, and CPSI [redacted] from [redacted] County saw [redacted] on 12/30/14. She gave [redacted] social worker, [redacted] the contact numbers for LI [redacted] and CPSI [redacted] to whom the case was assigned in [redacted] County. CPSI [redacted] returned to work on 1/6/15 and made contact with [redacted]. CPSI [redacted] kept in close contact with [redacted]. Ms. [redacted] called CPSI [redacted] on 1/16/15 to tell her that [redacted] seemed to be doing poorly and that she would not be surprised if he did not live through the weekend. She went on to say that Ms. [redacted] had decided to take him off the ventilator if he did live. CPS [redacted] kept in contact with the clinical staff over the weekend, and [redacted] lived. [redacted] called CPSI [redacted] on 1/19/15 to tell her that [redacted] would be removed from the ventilator later that day. He was removed at 7pm, and he died at 9:36 pm.

**Describe disposition of body (Death):**

Name of Medical Examiner/Coroner:		Was autopsy requested?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
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Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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Was there DCS involvement at the time of Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
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Type:	open investigation at birth for DEI	Case #:	[redacted]
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**Describe law enforcement or court involvement, if applicable:**

None

**Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):**

There are no other children in the home.

Name:	Age:

**Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):**

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
6/1/2007	[REDACTED]	drug exposed child	[REDACTED]	[REDACTED]	Services Recommended and Refused
5/24/2010	[REDACTED]	abandonment	[REDACTED]	[REDACTED]	Allegation Substantiated and Perpetrator Substantiated
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected?  No  Yes List organizations requesting information:

Contact Person/Phone Number(s) (include CM, TL, and TC):

Contact Person: [REDACTED]	Telephone Number: [REDACTED]
Case Manager: [REDACTED]	Telephone Number: [REDACTED]
Team Leader: [REDACTED]	Telephone Number: [REDACTED]
Team Coordinator: [REDACTED]	Telephone Number: [REDACTED]

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious Incident Report to this notice.  No  Yes

**Email to: [REDACTED]**  
**within forty-eight (48) hours of notification**  
**Include subject line (in RED): CHILD DEATH [secure email] or**  
**CHILD NEAR DEATH [secure email]**



**Tennessee Department of Children's Services  
Tennessee Child Abuse Hotline Summary**

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 12/29/2014 01:11 PM CT  
 Track Assigned: Investigation Priority Assigned: 3  
 Screened By: [REDACTED]  
 Date Screened: 12/29/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 12/30/2014 09:54 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 12/30/2014 09:54 AM  
 First Case Manager: [REDACTED] Date/Time 12/30/2014 09:54 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	8 Mos	Drug Exposed Infant	No	[REDACTED]	Birth Mother

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address:  
 Referent Phone Number: [REDACTED]  
 Type of Contact: I-3 Phone  
 Notification: E-mail  
 Narrative: History Template  
 Family Case IDs: None  
 \*\*\*No History Found\*\*\*  
 Open Court Custody/FSS/FCIP: None  
 Prior number of INV/ASMT: 0  
 Prior INV/ASMT within the last three years: No  
 Number of Screen Outs: 0  
 DUPLICATE REFERRAL: No  
 Sex Offender Registry: N/A  
 County: [REDACTED]



**Tennessee Department of Children's Services  
Tennessee Child Abuse Hotline Summary**

Notification: Email: [REDACTED]  
 School/ Daycare: N/A  
 Dismissal Time: N/A  
 Native American Descent: Unknown  
 Directions: N/A

Reporter's name/relationship: [REDACTED]  
 [REDACTED]  
 Telephone: [REDACTED]

**Reporter states:**

[REDACTED] (23 days) will live with his mother, [REDACTED] in [REDACTED]

Address: [REDACTED]  
 Telephone: [REDACTED]

[REDACTED] was admitted to [REDACTED] Hospital for delivery on [REDACTED] [REDACTED] was born premature at 24 weeks. He reportedly stayed in the NICU until December 27, 2014 at [REDACTED] Hospital. He was then transferred to [REDACTED] [REDACTED] to receive a higher level of care. The referent stated when [REDACTED] was born, [REDACTED] tested positive for opiates and THC on December 06, 2014. [REDACTED] has a prescription for Tylenol with Codeine in it. [REDACTED] had a urine drug screened and tested positive for opiates. Medical personnel determined the positive opiate drug screen was due to the Tylenol [REDACTED] had a prescription for. [REDACTED] had a meconium test performed and the results were negative. [REDACTED] was very persistent on trying to give [REDACTED] breast milk while he was in the NICU. [REDACTED] signed consent to do donor breast milk while [REDACTED] was in the Neonatal unit due to her positive drug screen [REDACTED] requested another drug screen be performed so she could give [REDACTED] her breast milk. [REDACTED] had been discharged at that time. Another drug screen was ordered on December 11, 2014. [REDACTED] was positive for Marijuana. [REDACTED] continually denied recent use of Marijuana. Medical personnel report that [REDACTED] seemed to be impaired while visiting [REDACTED] on several different occasions. This was evident by her falling asleep by the bedside and generally seemed lethargic and under the influence. There were also allegations that [REDACTED] was stealing from other parents in the NICU. Law enforcement was not called and the allegations were not proven. [REDACTED] had to be escorted out of the hospital after the allegations were made. [REDACTED] is not demonstrating any signs of withdrawal and reportedly was premature due to rupture of his membranes. The referent stated that this could be caused by drug use and for many other medical reasons. It was unknown if the drug use is what caused his premature birth. There is no set discharge date at this time. The referent stated that a previous DCS report has not been made due to the infant planning to remain in medical care until further noticed.

Special Needs or Disabilities: Unknown  
 Child's current location/is the child safe at this time: Yes- [REDACTED]  
 Perpetrator's location at this time: Unknown  
 Any other safety concerns for the child(ren) or worker who may respond: Unknown  
 Domestic Violence present in the home: Unknown

Per SDM: Investigative Track, P3

[REDACTED] CM1, at 1:46PM on 12/29/2014



**Tennessee Department of Children's Services  
Tennessee Child Abuse Hotline Summary**

**Participant(s)**

**Name:** [REDACTED], [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** [REDACTED]      **Age:** [REDACTED] Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



**Tennessee Department of Children's Services  
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 8 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

Contact Comments: [REDACTED]

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



**Tennessee Department of Children's Services  
Child Protective Service Investigation Summary  
and Classification Decision of Child Abuse/Neglect Referral**

**A. Investigation**

Case Name: [REDACTED]  
 Referral Date: 12/29/2014  
 Street Address:  
 City/State/Zip:

Investigation ID: [REDACTED]  
 Assignment Date: 01/05/2015

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 01/29/2015
2	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 01/20/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: The allegations in this case will be classified as perpetrator unsubstantiated and allegation unsubstantiated. [REDACTED] was positive for opiates only on a urine drug screen done [REDACTED]. His mother had a prescription for Tylenol with Codeine that she had been given that very day due to a urinary tract infection. Ms. [REDACTED] was positive for opioids and marijuana herself on a urine drug screen that day. A drug screen was done on [REDACTED] meconium, and it came back clear for all drugs. [REDACTED] was born between 23 and 24 weeks gestation. He developed MRSA at [REDACTED] Hospital and was transferred to [REDACTED]. He passed away at [REDACTED] at 9:36pm on 1/19/15. His mother is getting assistance from [REDACTED] in [REDACTED], and [REDACTED] in [REDACTED].

**D. Case Workers**

Case Worker: [REDACTED] Date: 01/29/2015  
 Team Leader: [REDACTED] Date: 01/30/2015

**E. Investigation Summary**

**Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.**

**Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:**

CPSI [REDACTED] observed the infant, [REDACTED] at [REDACTED] Hospital NICU on December 30, 2014. [REDACTED] was observed to be very small and was on a ventilator. CPSI [REDACTED] was only able to observe [REDACTED] through glass as he is currently very sick.



**Tennessee Department of Children's Services**  
**Child Protective Service Investigation Summary**  
**and Classification Decision of Child Abuse/Neglect Referral**

Case Name : ██████████

Investigation ID: ██████████

**Summarize professional, medical or psychological findings or opinions: What is the collateral's oral or written finding/opinion of the incident(s)/allegation(s)?**

CPSI ██████ spoke to a nurse named ██████ who works at ██████ in the NICU. She reported that it cannot be said that ██████ was born prematurely due to his mother's drug use. She also said that his problems could be caused by drug use or his extreme prematurity. She said that it is impossible to tell for sure what exactly caused ██████ problems and his death.

**Summarize alleged perpetrator's statement or admission: What is the perpetrator's explanation of the incident(s)/allegation(s)?**

Ms. ██████ said that she does not have a drug problem. She reported that she smoked marijuana on Thanksgiving Day and on New Year's Eve. She said that she was positive for opioids because she had been given a prescription for opioids by the ██████ County Hospital on ██████ which is the day that ██████ was born.

**Summarize witnesses' descriptions of what they saw and what they believe indicates child abuse/neglect:**

██████ was admitted to ██████ Hospital for delivery on ██████. ██████ was born premature at 24 weeks. He reportedly stayed in the NICU until December 27, 2014 at ██████ Hospital. He was transferred to ██████ Hospital to receive a higher level of care. The referent stated when ██████ was born, ██████ tested positive for opiates and THC. ██████ had a prescription for Tylenol with Codeine in it. ██████ had a urine drug screen and tested positive for opiates. Medical personnel determined the positive opiate drug screen was due to the Tylenol ██████ had a prescription for. ██████ had a meconium test performed and the results were negative. ██████ signed consent to do donor breast milk while ██████ was in the Neonatal unit due to her positive drug screen. ██████ requested another drug screen so she could give ██████ her breast milk. Another drug screen was ordered on December 11, 2014. ██████ was positive for Marijuana. ██████ denied recent use of Marijuana. Medical personnel report that ██████ seemed impaired while visiting ██████. This was evident by her falling asleep by the bedside and generally seemed lethargic. ██████ is not demonstrating any signs of withdrawal and reportedly was premature due to rupture of his membranes. The referent stated that this could be caused by drug use and for many other medical reasons. It was unknown if the drug use is what caused his premature birth.

**Summarize any other evidence or factors that support the investigative finding(s) for the allegation(s) of abuse/neglect:**

██████ herself was an alleged child victim of drug exposure. Her case was an assesment case with services recommended but refused. ██████ partner, ██████ had her children removed in 2013 because of her meth and cocaine use.

Distribution Copies: Juvenile Court in All Cases  
 District Attorney in Severe Child Abuse Cases  
 Regional Supervising Attorney



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/02/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/02/2015

Completed date: 04/02/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/02/2015 09:56 AM Entered By: [REDACTED]

Lead Investigator [REDACTED] is reviewing final documentation for case closure. LI [REDACTED] and CPSI [REDACTED] have discussed case along with IC [REDACTED]. Case was presented to CPIT and allegations of drug exposed child was agreed to be unsubstantiated. [REDACTED] passed away in January after being born premature and never left the hospital.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2015

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For: [REDACTED]

Location: DCS Office

Created Date: 04/08/2015

Completed date: 04/08/2015

Completed By: [REDACTED] [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/08/2015 02:55 PM Entered By: [REDACTED] [REDACTED]

CPIT staffed this case today. It was decided that the allegations of neglect death with [REDACTED] [REDACTED] as the perpetrator and [REDACTED] [REDACTED] as the alleged child victim would be classified as perpetrator unsubstantiated and allegation unsubstantiated.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 02/26/2015	Contact Method:
Contact Time: 01:30 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 02/26/2015
Completed date: 03/23/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/26/2015 01:40 PM      Entered By: [REDACTED]

The referral for [REDACTED] came in 12/29/2014. It was a P3. The case was assigned to CPSI [REDACTED] Lead Investigator [REDACTED] requested that a courtesy interview be done as the baby was at [REDACTED] in [REDACTED] CPSI [REDACTED] made response time on the case. The allegations were that infant, [REDACTED] had been drug exposed by his mother, [REDACTED]. The case was a [REDACTED] County case because [REDACTED] mother lived in [REDACTED] County at the time of [REDACTED] birth. However, [REDACTED] was in the process of being transferred from [REDACTED] Hospital to [REDACTED] when the referral was received.

[REDACTED] was admitted to [REDACTED] Hospital for delivery on [REDACTED] [REDACTED] was born premature at 24 weeks. He reportedly stayed in the NICU until December 27, 2014 at [REDACTED] Hospital. He was transferred to [REDACTED] Hospital to receive a higher level of care.

[REDACTED] Hospital staff reported that the day that [REDACTED] was born, [REDACTED] tested positive for opiates and THC on a urine drug screen. [REDACTED] explained that she had a prescription for Tylenol with Codeine in it given to her by the [REDACTED] where [REDACTED] had been seen earlier on 12/6/14 for a urinary tract infection. [REDACTED] had a urine drug screen and tested positive for opiates. Medical personnel determined the positive opiate drug screen was a result of the Tylenol that was previously prescribed. [REDACTED] had a meconium test performed and the results were negative. [REDACTED] did not demonstrate any signs of withdrawal and reportedly was premature due to rupture of the membranes. [REDACTED] Hospital staff said that the rupture in the membranes may have been caused by drug use or by many other possible medical reasons. It was unable to be determined that the premature birth was a direct result of the drug usage.

[REDACTED] was born between 23 and 24 weeks gestation. He developed MRSA at [REDACTED] Hospital and was transferred to [REDACTED]. He passed away at [REDACTED] at 9:36pm on 1/19/15.

Child Protective Services Investigator [REDACTED] investigated this case. Child Protective Services Investigator [REDACTED] made the initial visit with [REDACTED]. [REDACTED] was the alleged perpetrator in this case. Ms. [REDACTED] was interviewed for the case on January 15, 2015 at the [REDACTED].

Details of Interviews:



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] On 1/15/15, Child Protective Services Investigator [REDACTED] met with [REDACTED] Child Protective Services Investigator [REDACTED] went over the fact that [REDACTED] had tested positive for opiates. Ms. [REDACTED] explained that she had gone to the [REDACTED] County Hospital on [REDACTED] and found out she had a urinary tract infection. She showed Child Protective Services Investigator [REDACTED] the discharge summary from that day. [REDACTED] was given the following prescriptions: Bactrim DS, Tylenol-Codeine #3, and phenazopyridine.

According to Drugs.Com: "Bactrim DS is sulfamethoxazole and trimethoprim. Sulfamethoxazole and trimethoprim are both antibiotics that treat different types of infection caused by bacteria. Codeine is an opioid pain medication. An opioid is sometimes called a narcotic. Acetaminophen is a less potent pain reliever that increases the effects of codeine. Acetaminophen and codeine is a combination medicine used to relieve moderate to severe pain. Phenazopyridine is prescribed for its local analgesic effects on the urinary tract. It is sometimes used in conjunction with an antibiotic or other anti-infective medication at the beginning of treatment to help provide immediate symptomatic relief. Phenazopyridine does not treat infections or injury; it is only used for symptom relief."

Child Protective Services Investigator [REDACTED] asked [REDACTED] about being positive for marijuana. [REDACTED] said that she did not know that she would be positive for marijuana. She said that she did not realize that marijuana could have a negative effect on [REDACTED]. She said that she has since read on the internet about marijuana affecting the brain. She said that she would never expose [REDACTED] to marijuana.

Child Protective Services Investigator [REDACTED] told [REDACTED] that it had been said that she had seemed under the influence of drugs while visiting [REDACTED]. Ms. [REDACTED] said that she does not smoke marijuana often. She said that she did on Thanksgiving and New Year's Eve. She said that those two times were the only times that she had used marijuana. She said that she did not have a problem with drugs. She said that she goes to [REDACTED] and sees [REDACTED] for outpatient counseling. She also said that she sees [REDACTED] in [REDACTED]; she said that [REDACTED] gives her medicine.

Child Protective Services Investigator [REDACTED] asked [REDACTED] if she would sign a release of information so that Child Protective Services Investigator [REDACTED] could talk to [REDACTED] and [REDACTED]. Ms. [REDACTED] agreed. Child Protective Services Investigator [REDACTED] asked Ms. [REDACTED] to sign releases so that she could also get information on [REDACTED]. Ms. [REDACTED] agreed to that as well. Child Protective Services Investigator [REDACTED] got releases for [REDACTED] and [REDACTED] Hospital.

Child Protective Services Investigator [REDACTED] asked Ms. [REDACTED] if she had been under the influence of any drugs when she was visiting [REDACTED]. Ms. [REDACTED] said no. She said that she just sat and wanted to be with her son. She said that she prayed. She said that she felt like she was entirely changed since [REDACTED] had been born. She said that she had made a very big change in her life. She said that she had been told that [REDACTED] was not going to live, but she believed that anything could be. She said that she wanted a second and maybe a third opinion about [REDACTED]. She said that when she was at [REDACTED] with [REDACTED] she had been told that [REDACTED] had MRSA which had set up pus pockets in [REDACTED] brain. She said that the doctors told her that [REDACTED] would not have a normal life. Ms. [REDACTED] said that she had been told that [REDACTED] would have a painful life and that he would never be ok. She said that they had said that he would be curled up on himself and would not be able to speak. Ms. [REDACTED] said that she was mad at the doctors at [REDACTED] because that was where [REDACTED] got MRSA. She said that she wanted the [REDACTED] doctors to tell her that there was no chance that [REDACTED] was going to be okay. She said that she would also like another consult.

Child Protective Services Investigator [REDACTED] said that she had heard that Ms. [REDACTED] had a partner named [REDACTED]. Child Protective Services Investigator [REDACTED] asked her if that was correct. Ms. [REDACTED] said yes. She said that her partner is [REDACTED]. She said that she and [REDACTED] have been together for four years. Child Protective Services Investigator [REDACTED] asked her if she and [REDACTED] live together. Ms. [REDACTED] said no. She said that she had [REDACTED] have broken up and gotten back together and now they know that they do better when they do not live together. Child Protective Services Investigator [REDACTED] asked Ms. [REDACTED] if she could have [REDACTED]'s phone number to call her as a reference. Ms. [REDACTED] said no. She said that [REDACTED] has lost custody of her children and is doing everything she can to get her children back. She said that she would rather [REDACTED] not have to deal with her problems too. Ms. [REDACTED] said that [REDACTED] is a very good person.

Child Protective Services Investigator [REDACTED] asked Ms. [REDACTED] if she could give her the name of anyone who serves as a support for her. Ms. [REDACTED] said that [REDACTED] at [REDACTED] is really her greatest support.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Child Protective Services Investigator [REDACTED] asked Ms. [REDACTED] about [REDACTED] father. Ms. [REDACTED] would not disclose this information.

[REDACTED] (Social Worker at [REDACTED] Hospital): Ms. [REDACTED] said that Ms. [REDACTED] had been in trouble for possession. She said that she was on probation and that [REDACTED] is her probation officer. She also said that she believes that [REDACTED] had undergone a psychological evaluation. Child Protective Services Investigator [REDACTED] went over what had been alleged with Ms. [REDACTED]. She said that she believed that everything that the referent had said was true.

[REDACTED] (Social Worker): [REDACTED] is the social worker assigned to [REDACTED]. According to Ms. [REDACTED] the mother and her partner were at the hospital yesterday to visit the infant. The hospital gave them a family room for the night so that they could spend more time with [REDACTED] since transportation is an issue. The mother, [REDACTED] is not eligible to stay at the Ronald McDonald House because of DCS involvement and the [REDACTED] is \$20.00 a night, and Ms. [REDACTED] stated she is unable to afford that at this time. The family was made aware that they had a room in the hospital at around 4:30PM on December 29, 2014.

According to hospital staff Ms. [REDACTED] chose not to use the room and actually left that evening. CPSI [REDACTED] did not observe the mother at the hospital on December 30, 2014 and staff stated that she had not been at the hospital on that day. There is some concern that Ms. [REDACTED] was not aware of how sick [REDACTED] actually was and that his chances of survival were limited. At that time [REDACTED] was on a ventilator which was keeping him alive. The social worker, [REDACTED] can be contacted at [REDACTED] and her pager number is [REDACTED]. Ms. [REDACTED] provided CPSI [REDACTED] with two possible phone numbers for the mother and they are [REDACTED] or [REDACTED]. CPSI [REDACTED] provided Ms. [REDACTED] with contact information for Child Protective Services Investigator [REDACTED] and Lead Investigator [REDACTED] so that someone from the appropriate county can be contacted if [REDACTED] were to pass away.

[REDACTED] (Nurse): Child Protective Services Investigator [REDACTED] said that she wanted to know if [REDACTED] problems could have been caused by his mother's opiod use and her marijuana use. Ms. [REDACTED] said that she could not answer that. She said that she is not the usual person who cares for [REDACTED]. She said that [REDACTED] is cared for by the blue team. She said that Child Protective Services Investigator [REDACTED] should call back the next day to talk with someone on the blue team.

[REDACTED]: CPSI [REDACTED] explained who she was. Ms. [REDACTED] agreed to keep CPSI [REDACTED] updated as to [REDACTED] status. She did say that [REDACTED] was very very ill. CPSI [REDACTED] asked her if she knew if anything was caused by Ms. [REDACTED] drug use. Ms. [REDACTED] said that she could not say that as she is not medical. She said that the blue team who cares for [REDACTED] was on rounds and could not speak to CPSI [REDACTED] at that time.

[REDACTED] NICU Staff: CPSI [REDACTED] called almost every day to the NICU to find out how [REDACTED] was doing.

[REDACTED] who was the probation officer for [REDACTED] [REDACTED]. She was not in her office, but she said that she would talk with CPSI [REDACTED] about Ms. [REDACTED] and try to remember what she could. She said that she thought she remembered that [REDACTED] [REDACTED] had been hanging out with [REDACTED] around the time that she got pregnant with [REDACTED]. She said that she thinks that she remembers that [REDACTED] had tested positive for meth in September 2014. She said that she believed that [REDACTED] was using meth often when she was pregnant. CPSI [REDACTED] said that [REDACTED] meconium screen had been negative so CPSI [REDACTED] asked if Ms. [REDACTED] would mind checking her records and calling CPSI [REDACTED] back. She agreed to do so. Ms. [REDACTED] never contacted CPSI [REDACTED] about this case again. CPSI [REDACTED] attempted to call her. When CPSI [REDACTED] saw her in court, she said that she could not remember anything about the case.

[REDACTED] Medical Staff at [REDACTED] in the NICU: She reported that it cannot be said that [REDACTED] was born prematurely due to his mother's drug use. She also said that his problems could be caused by drug use or his extreme prematurity. She said that it is impossible to tell for sure what exactly caused [REDACTED] problems and his death.

[REDACTED] who is the mother of [REDACTED] [REDACTED]. Ms. [REDACTED] said that [REDACTED] is having a rough time. She said that they had been very excited about [REDACTED] as he was the first baby in their family in 20 years. CPSI [REDACTED] asked Ms. [REDACTED] if she thought that [REDACTED] was using drugs. She said that she believes that [REDACTED] has been clean for a long time.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

According to DCS policy a child death is any unexplained death of a child when the cause of death is unknown or pending an autopsy report. A child death can be said to have been caused by abuse or neglect when abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse.

This case came in as a non-severe child abuse case at the initial referral; the Child Protective and Investigative Team does not address non-severe cases. When [REDACTED] passed away, the case became severe as dictated by the Department of Children's Services policy. An emergency meeting of CPIT was called 2/26/15 to discuss the case when the case became severe. Present at the meeting were Lead Investigator [REDACTED] Child Protective Services Investigator [REDACTED] [REDACTED] Child Advocate and Child Protective and Investigative Team Member [REDACTED] and [REDACTED] County Sheriff's Department Investigator [REDACTED]. The case was discussed, and all Child Protective and Investigative Team members present agreed that the allegations of drug exposed child and neglect death should be classified as allegation unsubstantiated and perpetrator unsubstantiated. The case will go before the entire [REDACTED] County Child Protective and Investigative Team on March 12, 2015.

According to a recording made in the medical notes by [REDACTED] the following is a description of what happened on the day of [REDACTED] death: "After extensive conversation with the family in the context of [REDACTED] grave prognosis, [REDACTED] family made the decision to discontinue intensive care. Throughout the day his parents focused on his comfort, held him, had pictures taken. After having this time, per their request, the endotracheal tube was removed. [REDACTED] was closely monitored, was comfortable and in no distress. His parents held him. Out team supported the family during this time and ensured [REDACTED] comfort. Shortly after the endotracheal tube was removed, he was examined and he did not have a heart rate X 3 minutes. His parents do not want an autopsy. Our condolences were offered to the family. Time of death 2136. "

In a phone conversation, [REDACTED] reported that it cannot be said that [REDACTED] was born prematurely due to his mother's drug use. She also said that his problems could be caused by drug use or his extreme prematurity. She said that it is impossible to tell for sure what exactly caused [REDACTED] problems and his death. There is not a preponderance of evidence to support the allegations of neglect death.

The case will be closed and classified as perpetrator unsubstantiated and allegation unsubstantiated for the allegation of Child Neglect Death.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/26/2015

Contact Method: Face To Face

Contact Time: 10:55 AM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/26/2015

Completed date: 02/26/2015

Completed By: [REDACTED] [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 02/26/2015 01:20 PM Entered By: [REDACTED] [REDACTED]

This case came in as non-severe child abuse. It was not sent originally to Child Protective and Investigative Team. An emergency meeting of CPIT was called 2/26/15 to discuss the case. Present at the meeting were LI [REDACTED] CPSI [REDACTED] Child Advocate and CPIT Member [REDACTED] and [REDACTED] County Sheriff's Department Investigator [REDACTED]. The case was discussed, and all CPIT members present agrees that the allegations of drug exposed child and neglect death should be classified as allegation unsubstantiated and perpetrator unsubstantiated. The case will go before the [REDACTED] County Child Protective and Investigative Team on March 12, 2015.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/25/2015

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Court

Created Date: 03/23/2015

Completed date: 03/23/2015

Completed By: [REDACTED] [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/23/2015 06:12 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] saw [REDACTED] in [REDACTED] County Court. She said that she could not remember anything about [REDACTED] [REDACTED] at that time. CPSI [REDACTED] thanked her.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/20/2015 Contact Method: Attempted Phone Call  
 Contact Time: 09:22 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 03/23/2015  
 Completed date: 03/23/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/23/2015 06:21 PM Entered By: [REDACTED] [REDACTED]  
 CPSI [REDACTED] called the [REDACTED] County Probation Office to speak to [REDACTED] CPSI [REDACTED] left a message for Ms. [REDACTED] to call her back.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 02/20/2015 Contact Method: Phone Call  
 Contact Time: 09:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 02/24/2015  
 Completed date: 02/24/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 02/24/2015 09:28 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] called [REDACTED] who is the mother of [REDACTED] [REDACTED] CPSI [REDACTED] asked her how she felt like [REDACTED] was doing. Ms. [REDACTED] said that [REDACTED] is having a rough time. She said that they had been very excited about [REDACTED] as he was the first baby in their family in 20 years. CPSI [REDACTED] asked Ms. [REDACTED] she thought that [REDACTED] was using drugs. She said that she believes that [REDACTED] has been clean for a long time. CPSI [REDACTED] told Ms. [REDACTED] that she can call CPSI [REDACTED] anytime she needs. Ms. [REDACTED] thanked CPSI [REDACTED] and the conversation ended.

Narrative Type: Addendum 1 Entry Date/Time: 02/24/2015 09:30 PM Entered By: [REDACTED] [REDACTED]

Mrs. [REDACTED] s telephone number is [REDACTED]



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/12/2015

Contact Method: Attempted Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/23/2015

Completed date: 03/23/2015

Completed By: [REDACTED] [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/23/2015 06:19 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] called the [REDACTED] County Probation Office to speak to [REDACTED] CPSI [REDACTED] left a message for Ms. [REDACTED] to call her with an unknown female.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/12/2015

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 04 Hour

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/09/2015

Completed date: 03/09/2015

Completed By: [REDACTED] [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/09/2015 03:15 PM Entered By: [REDACTED] [REDACTED]

CPIT was held this date, but this case was not heard because there were so many cases that needed to be discussed this month due to there being no January CPIT.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/29/2015 Contact Method:  
 Contact Time: 05:20 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 02/25/2015  
 Completed date: 02/26/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 02/25/2015 10:17 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] received medical records from [REDACTED] regarding [REDACTED]

This was a death summary written by [REDACTED] She wrote the following:

After extensive conversation with the family in the context of [REDACTED] grave prognosis, [REDACTED] family made the decision to discontinue intensive care. Throughout the day his parents focused on his comfort, held him, had pictures taken. After having this time, per their request, the endotracheal tube was removed. [REDACTED] was closely monitored, was comfortable and in no distress. His parents held him. Out team supported the family during this time and ensured [REDACTED] comfort. Shortly after the endotracheal tube was removed, he was examined and he did not have a heart rate X 3 minutes. His parents do not want an autopsy. Our condolences were offered to the family. Time of death 2136.

[REDACTED] admitting diagnosis: MRSA sepsis, meningitis

Final principal diagnosis: 1. Extreme prematurity

CAUSE OF DEATH: MRSA sepsis, meningitis, respiratory failure

Secondary Diagnosis: Extremely low birth weight  
 2. Adrenal insufficiency  
 3. Anemia

Event or complications preceding death:  
 - sepsis  
 - neurological sequelae

The procedures done in the hospital were listed as well as the procedures that were done in the hospital from which [REDACTED] was admitted.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

The following was noted under social:

NICU Team met with mother and her same sex partner on 12/31 and reviewed infant's course, extremely dire prognosis, and options for care goals. They seemed to have a good understanding of this information and were appropriately teary. At this time, mother requests a limited DNR to include no chest compressions or epinephrine. She would still like reintubation and replacement of a chest tube if needed.

-Both mothers updated extensively when they visited. Last updated by team on 1/19 prior to beginning withdrawal of support. Good family support during this time.

-They are aware of limited DNR/no labs and now understand the extent of his brain and lung pathology.

Care withdrawn on the evening of 1/19 per family's wishes and with support from the medical team; time of death was 2136.

There were two notes about a study of the portable AP chest.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/29/2015

Contact Method: Attempted Phone Call

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/23/2015

Completed date: 03/23/2015

Completed By: [REDACTED] [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/23/2015 06:18 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] called the [REDACTED] County Probation Office to speak to [REDACTED] No one answered, and CPSI [REDACTED] left a message.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/26/2015 Contact Method:  
 Contact Time: 01:20 PM Contact Duration: Less than 45  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 02/24/2015  
 Completed date: 02/24/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 02/24/2015 10:56 PM Entered By: [REDACTED]

CPSI [REDACTED] received medical records from [REDACTED] at [REDACTED]. The records show that Ms. [REDACTED] had her first appointment with [REDACTED] on 1/6/15. [REDACTED] was appropriately dressed and groomed. She was cooperative and participated in the session. She denied being a risk to herself or others. She reported that she did not use drugs while she was pregnant. She said that she has been clean from opiates for 2 years. She said that her son was born a month ago at 24 weeks gestation. She said that he has a 7% chance of living. She said that her anxiety and depression are unbearable. She said that she has no transportation to get back and forth to [REDACTED] where her son is. She said that she is homeless. She had a traumatic childhood in that her mother was an alcoholic, and her biological father was not a part of her life. She said that the man she called dad died in a car accident when she was 10 years old. She said that that is when her life began to spiral and the sexual abuse began. She said that she does not have much support from her family. She was diagnosed with anxiety disorder NOS and depressive disorder NOS. Treatment will stop when her symptoms no longer interfere with her daily living. The goal is to reach that by 7/6/15.

1/9/15 - Ms. [REDACTED] called and said that she would be late to her appointment and then never showed up for the appointment.

1/12/15 - [REDACTED] was appropriately dressed and groomed. She was cooperative and participated in the session. She denied being a risk to herself or others. The goal was to start treatment and build rapport. They discussed Ms. [REDACTED] son's prognosis. Ms. [REDACTED] said that she had done some research and decided to take him off the ventilator. She was extremely upset and kept looking for answers and if that was the right thing to do. She said that she wanted a baby because, "I wanted the unconditional love that I never had". She said that she has been having panic attacks and needs to see a doctor.

1/21/15 - Ms. [REDACTED] cancelled appointment because she was at [REDACTED] with her baby.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/23/2015 Contact Method: Phone Call  
 Contact Time: 02:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 04/07/2015  
 Completed date: 04/07/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/07/2015 09:56 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] called [REDACTED] and informed her about the [REDACTED] case. CPSI [REDACTED] explained that she was not sure who would have jurisdiction over the case because [REDACTED] is homeless. CPSI [REDACTED] explained that [REDACTED] uses her relative's address. This relative lives in [REDACTED]. Investigator [REDACTED] suggested that CPSI [REDACTED] call [REDACTED]. CPSI [REDACTED] attempted to reach him, but she was unable to reach Investigator [REDACTED]. CPSI [REDACTED] spoke to [REDACTED] who makes the CPIT agenda about the fact that [REDACTED] had died. CPSI [REDACTED] gave her the referral that had come in on [REDACTED] in December. [REDACTED] said that the February CPIT list is very long, so the case may have to be reviewed in March. CPSI [REDACTED] said okay.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/22/2015 Contact Method:  
 Contact Time: 11:09 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 04/08/2015  
 Completed date: 04/08/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/08/2015 01:57 PM Entered By: [REDACTED] [REDACTED]  
 Lead Investigator [REDACTED] completed and submitted the Death Notification of [REDACTED] death.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/22/2015 Contact Method:  
 Contact Time: 08:00 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/28/2015  
 Completed date: 01/28/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/28/2015 11:59 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] received medical records from [REDACTED] Hospital. There are 687 pages of records for [REDACTED]. Some important information includes the following:

His principal diagnosis was listed as single live born, born in the hospital, delivered without mention of Cesarean section.

His secondary diagnosis included less than 24 completed weeks of gestation; respiratory distress syndrome in newborn; septicemia (sepsis) of newborn; transient neonatal thrombocytopenia; convulsions in newborn; meningitis, unspecified; interstitial emphysema and related conditions of newborn; Hyperosmolality and/or hypernatremia; anemia of prematurity; other congenital anomalies of gallbladder, bile ducts, and liver; Hypotension, unspecified; hypopotassemia; neonatal bradycardia; methicillin resistant staphylococcus aureus infection in conditions classified elsewhere and of unspecified site; other and unspecified hyperlipidemia; neonatal hypoglycemia; neonatal jaundice associated with preterm delivery; extreme immaturity, 500 to 749 grams; and other diseases of the lungs, not elsewhere classified.

The procedures that were done for [REDACTED] while at [REDACTED] Hospital included an arterial catheterization on December 6; transfusion of platelets on December 11; parenteral infusion of concentrated nutritional substances on December 6; transfusion of packed cells on December 11; umbilical vein catheterization on December 6; insertion of intercostal catheter for drainage on December 26; injection or infusion of other therapeutic or prophylactic substance on December 6; continuous invasive mechanical ventilation for 96 consecutive hours or more on December 6; insertion of endotracheal tube on December 6; spinal tap on December 20; and other phototherapy on December 6.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 01/21/2015	Contact Method:
Contact Time: 05:06 PM	Contact Duration: Less than 01 Hour
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 02/24/2015
Completed date: 02/24/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/24/2015 10:38 PM      Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] received medical records from [REDACTED] at the [REDACTED]. He saw [REDACTED] [REDACTED] on 8/26/14. She told him that her last menstrual period was 6/25/14. Her estimated delivery date was listed as 4/1/15. She said that she had been using marijuana. She said that she wanted to quit smoking and that she was having problems with nausea. [REDACTED] [REDACTED] submitted to a urine drug screen. She was positive for marijuana.

9/3/14 - [REDACTED] [REDACTED] called the office because she had some cramping. She was told that was normal as long as she was not bleeding.

[REDACTED] saw [REDACTED] [REDACTED] again on 9/23/14. She wanted zofran for nausea. She had abdominal pain. She was 12 weeks 6 days.

9/26/14 - Pre-Natal Vitamins were called in for [REDACTED] [REDACTED] to [REDACTED]

[REDACTED] saw [REDACTED] [REDACTED] again on 10/27/14. She said that she was using IV drugs pre-pregnancy and shot up after a person who tested positive for hepatitis; she wanted to be tested. She was 17 weeks and 6 days.

11/26/14 - Patient called requesting a PA on Zofran 4MG

[REDACTED] saw [REDACTED] [REDACTED] again on 12/01/14. Smoking cessation was a big part of the appointment. She admitted to using marijuana. She took a urine drug screen and was positive for benzodiazepines and marijuana.

[REDACTED] saw [REDACTED] [REDACTED] again on 01/15/15. She said that she was having problems with anxiety and depression(post-partum). [REDACTED] [REDACTED] her on Zoloft 50MG and referred her to counseling with [REDACTED] who is a counselor. He also started her on Xanax .5MG.

1/15/15 - [REDACTED] sent [REDACTED] a note saying that she saw [REDACTED] [REDACTED] on 1/14/15. She was not suicidal or homicidal. She said that [REDACTED] reported that she was upset with [REDACTED] because of the problems with her baby. [REDACTED] said that she would be seeing her regular counselor [REDACTED] in a few days. [REDACTED] urges [REDACTED] to go to the nearest ER if she experienced thoughts of self-harm, and [REDACTED] agreed.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/21/2015 Contact Method:  
 Contact Time: 10:00 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/21/2015  
 Completed date: 01/21/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/21/2015 12:57 PM Entered By: [REDACTED] [REDACTED]

Sex Offender Registry was clear for [REDACTED] and [REDACTED].  
 TN felony Offender Database was clear for [REDACTED].  
 Adult Abuse Registry was clear for [REDACTED].  
 Drug Offender Registry was clear for [REDACTED].

CPSI [REDACTED] had background checks run by the [REDACTED] and by the [REDACTED] [REDACTED] s records are pending. [REDACTED] showed the following charges for [REDACTED] [REDACTED].

1/13/08 - no charges listed  
 11/3/09 - vandalism and criminal trespass  
 5/10/10 - disorderly conduct  
 7/12/10 - violation of conditions of community sup  
 7/19/10 - serving time 30 days with credit (return from [REDACTED])  
 5/13/13 -no charges listed  
 6/8/13 - violation of order of protection  
 5/5/14 - violation of order of protection  
 5/5/15 - assault  
 5/28/14 -bond revoked for simple assault  
 9/6/14 - violation of conditions of community sup

[REDACTED] showed the following charges for [REDACTED]

8/24/11 - driving on revoked/suspended license  
 1/19/12 - driving on revoked/suspended license  
 6/25/13 - contempt of court  
 7/1/13 - contempt of court  
 7/11/13 - driving on revoked/suspended license and unlawful tinting on windows  
 9/25/13 - failure to appear  
 10/10/13 - filing false report

The SSMS check was clear for both [REDACTED] and [REDACTED] [REDACTED]



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/21/2015

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/21/2015

Completed date: 01/21/2015

Completed By: [REDACTED] [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/21/2015 01:54 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] sent releases of information by mail for [REDACTED] and [REDACTED] to [REDACTED] Hospital. CPSI [REDACTED] faxed releases of information for [REDACTED] to [REDACTED] the [REDACTED], and [REDACTED] CPSI [REDACTED] faxed releases of information for [REDACTED] to [REDACTED] - [REDACTED]. None of the medical records requested have been received yet.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 01/20/2015	Contact Method:
Contact Time: 01:00 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 01/20/2015
Completed date: 01/20/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/20/2015 01:08 AM      Entered By: [REDACTED]

Updated DCS policy defines Drug Exposed child as a person under the age of 18 who has been exposed to or is at risk of exposure to a drug or chemical substance (including but not limited to alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, methamphetamines, heroin, inhalants) that could adversely affect his/her physical, mental or emotional functioning. A child can also be considered drug exposed if he/she has a parent/caregiver whose use of drugs or chemical substances impacts or is at risk of impacting his/her ability to adequately care for the child.

The allegations in this case will be classified as perpetrator unsubstantiated and allegation unsubstantiated. [REDACTED] was positive for opiates only on a urine drug screen done [REDACTED]. His mother had a prescription for Tylenol with Codeine that she had been given that very day due to a urinary tract infection. Ms. [REDACTED] was positive for opioids and marijuana herself on a urine drug screen that day. A drug screen was done on [REDACTED] meconium, and it came back clear for all drugs. [REDACTED] was born between 23 and 24 weeks gestation. He developed MRSA at [REDACTED] Hospital and was transferred to [REDACTED]. He passed away at [REDACTED] at 9:36pm on 1/19/15. His mother is getting assistance from [REDACTED] in [REDACTED] and [REDACTED] in [REDACTED].

Narrative Type: Addendum 1      Entry Date/Time: 01/29/2015 04:59 PM      Entered By: [REDACTED]

DCS policy addresses child death. According to DCS policy a child death is any unexplained death of a child when the cause of death is unknown or pending an autopsy report. A child death can be said to have been caused by abuse or neglect when abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse. CPSI [REDACTED] spoke to a nurse named [REDACTED] who works at [REDACTED] the NICU. She reported that it cannot be said that [REDACTED] was born prematurely due to his mother's drug use. She also said that his problems could be caused by drug use or his extreme prematurity. She said that it is impossible to tell for sure what exactly caused [REDACTED] problems and his death. For this reason the allegations of neglect death with [REDACTED] as the alleged perpetrator will be classified as perpetrator unsubstantiated and allegation unsubstantiated.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/20/2015 Contact Method: Phone Call  
 Contact Time: 12:10 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 01:12 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] called [REDACTED] and was told that [REDACTED] had passed away at 9:36pm. CPSI [REDACTED] thanked the nurse who gave her the information and hung up.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/19/2015 Contact Method:  
 Contact Time: 09:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 01:54 AM Entered By: [REDACTED] [REDACTED]

The initial safety was done on 1/16/15 and was conditionally safe.  
 The closing safety was done 1/20/15 and is safe.  
 The FAST was done 1/20/15 and was moderate.  
 The FFA was completed 1/20/15.

The 740 for this case was printed and one copy was placed in the file. One copy was sent to the DCS General Legal Counsel.  
 One copy was sent to the [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 03/09/2015 03:24 PM Entered By: [REDACTED] [REDACTED]

Because the case became severe when [REDACTED] passed away, the 740 was sent to the [REDACTED] as well.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/19/2015 Contact Method: Phone Call  
 Contact Time: 10:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 02:37 AM Entered By: [REDACTED] [REDACTED]  
 CPSI [REDACTED] called [REDACTED] to check on [REDACTED] CPSI [REDACTED] was told that [REDACTED] was still living.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/19/2015 Contact Method: Phone Call  
 Contact Time: 08:40 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 03/23/2015  
 Completed date: 03/23/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/23/2015 06:00 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] called [REDACTED] who is the [REDACTED] for [REDACTED]. She was not in her office, but she said that she would talk with CPSI [REDACTED] about Ms. [REDACTED] and try to remember what she could. CPSI [REDACTED] said okay. She said that she thought that [REDACTED] had been hanging out a lot with a man by the name of [REDACTED] around the time that she got pregnant with [REDACTED]. She said that she thinks that she remembers that [REDACTED] had tested positive for meth in September 2014. She said that she believed that [REDACTED] was using meth often when she was pregnant. CPSI [REDACTED] said that [REDACTED] meconium screen had been negative so CPSI [REDACTED] asked if Ms. [REDACTED] would mind checking her records and calling CPSI [REDACTED] back. She agreed to do so.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/18/2015 Contact Method: Phone Call  
 Contact Time: 01:00 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 02:39 AM Entered By: [REDACTED] [REDACTED]  
 CPSI [REDACTED] called [REDACTED] to check on [REDACTED] CPSI [REDACTED] was told that [REDACTED] was still living.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/17/2015 Contact Method: Phone Call  
 Contact Time: 09:00 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 02:38 AM Entered By: [REDACTED] [REDACTED]  
 CPSI [REDACTED] called [REDACTED] to check on [REDACTED] CPSI [REDACTED] was told that [REDACTED] was still living.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/17/2015 Contact Method: Phone Call  
 Contact Time: 10:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 02:36 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] called [REDACTED] to check on [REDACTED]. It was very difficult to get anyone to talk to CPSI [REDACTED]. She asked that [REDACTED] chart be checked because she had been calling up to the NICU about [REDACTED] for about a week. Finally, CPSI [REDACTED] was told that [REDACTED] was still living.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/16/2015 Contact Method: Phone Call  
 Contact Time: 11:00 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 02:37 AM Entered By: [REDACTED] [REDACTED]  
 CPSI [REDACTED] called [REDACTED] to check on [REDACTED] CPSI [REDACTED] was told that [REDACTED] was still living.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/16/2015 Contact Method: Phone Call  
 Contact Time: 07:30 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 02:33 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] called [REDACTED] [REDACTED] Ms. [REDACTED] answered, and CPSI [REDACTED] identified herself. CPSI [REDACTED] asked Ms. [REDACTED] how she was doing. She said that she and [REDACTED] had discussed it and decided that they would not have [REDACTED] extubated until his due date. Ms. [REDACTED] said that she wanted more time to make sure that the doctors were right about what they were saying. CPSI [REDACTED] said that she had called to find out how Ms. [REDACTED] was doing. Ms. [REDACTED] said that she was okay. She said that [REDACTED] was with her as were other members of her family. She said that she was okay. CPSI [REDACTED] said that she was glad that Ms. [REDACTED] had a lot of support. CPSI [REDACTED] asked Ms. [REDACTED] to call if she felt like there was anything that CPSI [REDACTED] or DCS could do for her. Ms. [REDACTED] said she would. CPSI [REDACTED] said that she would be thinking and praying for Ms. [REDACTED] [REDACTED] and [REDACTED] Ms. [REDACTED] said thank you. CPSI [REDACTED] hung up.

Narrative Type: Addendum 1 Entry Date/Time: 02/24/2015 04:08 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] made a copy of [REDACTED] discharge papers from the [REDACTED] saying that she had been to the hospital for a urinary tract infection and been prescribed bactrim DS, Tylenol-Codeine #3, and phenazopyridine. The copy is in that had copy of the file.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/16/2015 Contact Method: Phone Call  
 Contact Time: 06:15 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 02:46 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] spoke to a nurse named [REDACTED] who works at [REDACTED]. She reported that it cannot be said that [REDACTED] was born prematurely due to his mother's drug use. She also said that his problems could be caused by drug use or his extreme prematurity. She said that it is impossible to tell for sure what exactly caused [REDACTED] problems.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/16/2015 Contact Method:  
 Contact Time: 05:30 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 02:28 AM Entered By: [REDACTED]

CPSI [REDACTED] called TC [REDACTED] to tell her that [REDACTED] is a baby on her caseload and likely to die soon. [REDACTED] requested that CPSI [REDACTED] give the on-call supervisor a heads up about this information. CPSI [REDACTED] agreed to do so. TL [REDACTED] was notified by email that [REDACTED] would likely die this weekend.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/16/2015 Contact Method: Phone Call  
 Contact Time: 05:12 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 02:25 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED], the [REDACTED] at [REDACTED] she said that [REDACTED] was doing very poorly. She said that she did not think that he would live all weekend. She said that Ms, [REDACTED] and [REDACTED] had decided that they would extubate [REDACTED] on Monday if he were still alive and let him die peacefully. CPSI [REDACTED] thanked her for the information.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/16/2015

Contact Method: Attempted Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/23/2015

Completed date: 03/23/2015

Completed By: [REDACTED] [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/23/2015 06:15 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] called the [REDACTED] to talk with [REDACTED] [REDACTED] [REDACTED] Only [REDACTED] [REDACTED] was in the office. She said that [REDACTED] was out, but she would have her call CPSI [REDACTED] CPSI [REDACTED] thanked her and hung up.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]	Case Name: [REDACTED] [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 01/15/2015	Contact Method: Face To Face
Contact Time: 03:00 PM	Contact Duration: Less than 01 Hour
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 01/19/2015
Completed date: 01/20/2015	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Alleged Perpetrator Interview	
Contact Sub Type:	

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/19/2015 10:13 PM      Entered By: [REDACTED] [REDACTED]

[REDACTED] [REDACTED] came to the DCS Office at the [REDACTED] to see CPSI [REDACTED], CPSI [REDACTED] and [REDACTED] met in a private room. No one else was present at the interview. In order to engage Ms. [REDACTED], CPSI [REDACTED] explained the current report made to the Tennessee Department of Children's Services. CPSI [REDACTED] explained all forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI [REDACTED] obtained signed acknowledgements of such and copies have been placed into the file.

CPSI [REDACTED] went over the fact that [REDACTED] had tested positive for opiates for opiates. Ms. [REDACTED] explained that she had gone to the [REDACTED] on [REDACTED] and found out she had a urinary tract infection. She showed CPSI [REDACTED] the discharge summary from that day. [REDACTED] was given the following prescriptions: Bactrim DS, Tylenol-Codeine #3, and phenazopyridine. Bactrim DS is sulfamethoxazole and trimethoprim. Sulfamethoxazole and trimethoprim are both antibiotics that treat different types of infection caused by bacteria. Codeine is an opioid pain medication. An opioid is sometimes called a narcotic. Acetaminophen is a less potent pain reliever that increases the effects of codeine. Acetaminophen and codeine is a combination medicine used to relieve moderate to severe pain. Phenazopyridine is prescribed for its local analgesic effects on the urinary tract. It is sometimes used in conjunction with an antibiotic or other anti-infective medication at the beginning of treatment to help provide immediate symptomatic relief. Phenazopyridine does not treat infections or injury; it is only used for symptom relief. It is clear that the Tylenol-Codeine #3 caused Ms. [REDACTED] and [REDACTED] to be positive for opioids. CPSI [REDACTED] asked [REDACTED] about being positive for marijuana and trying to breast feed [REDACTED]. [REDACTED] said that she did not know that she would be positive for marijuana. She said that she did not realize that marijuana could have a negative effect on [REDACTED]. She said that she has since read on the internet about marijuana affecting the brain. She said that she would never expose [REDACTED] to marijuana. She said that she had only wanted to breastfeed [REDACTED] because she knew that breast milk is the best for babies. CPSI [REDACTED] told [REDACTED] that it had been said that she had seemed under the influence of drugs while visiting [REDACTED]. Ms. [REDACTED] said that she does not smoke marijuana often. She said that she did on Thanksgiving and New Year's Eve. She said that those two times were the only times that she had used marijuana. She said that she did not have a problem with drugs. She said that she goes to [REDACTED] and sees [REDACTED]. She also said that she sees [REDACTED] in [REDACTED]; she said that [REDACTED] gives her medicine. CPSI [REDACTED] asked [REDACTED] if she would sign a release of information so that CPSI [REDACTED] could talk to [REDACTED] and [REDACTED]. Ms. [REDACTED] agreed. CPSI [REDACTED] asked Ms. [REDACTED].



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] to sign releases so that she could also get information on [REDACTED]. Ms. [REDACTED] agreed to that as well. CPSI [REDACTED] got releases for [REDACTED] and [REDACTED]. CPSI [REDACTED] asked Ms. [REDACTED] if she had been under the influence of any drugs when she was visiting [REDACTED]. Ms. [REDACTED] said no. She said that she just sat and wanted to be with her son. She said that she prayed. She said that she felt like she was entirely changed since [REDACTED] had been born. She said that she had made a very big change in her life. She said that she had been told that [REDACTED] was not going to live, but she believed that anything could be. She said that she wanted a second and maybe a third opinion about [REDACTED]. She said that when she was at [REDACTED] with [REDACTED] she had been told that [REDACTED] had MRSA which had set up pus pockets in [REDACTED] brain. She said that the doctors told her that [REDACTED] would not have a normal life. Ms. [REDACTED] said that she had been told that [REDACTED] would have a painful life and that he would never be ok. She said that they had said that he would be curled up on himself and would not be able to speak. Ms. [REDACTED] said that she was mad at the doctors at [REDACTED] because that was where [REDACTED] got MRSA. She said that she wanted the [REDACTED] doctors to tell her that there was no chance that [REDACTED] was going to be okay. She said that she would also like another consult. She said that she is trying to get her own place and that she had been at a meeting at [REDACTED]. She said that she had been told that she would have her own place on Tuesday. She said that she is staying with friends at [REDACTED] until she can get her own place. CPSI [REDACTED] asked Ms. [REDACTED] if she lives at the address at [REDACTED]. She said that she does not. CPSI [REDACTED] asked her what had happened that she did not live there. Ms. [REDACTED] said nothing, but that was just where her aunt lives. CPSI [REDACTED] said that she had heard that Ms. [REDACTED] had a partner named [REDACTED]. CPSI [REDACTED] asked her if that was correct. Ms. [REDACTED] said yes. She said that her partner is [REDACTED]. She said that she and [REDACTED] have been together for four years. CPSI [REDACTED] asked her if she and [REDACTED] live together. Ms. [REDACTED] said no. She said that she had [REDACTED] have broken up and gotten back together and now they know that they do better when they do not live together. CPSI [REDACTED] asked Ms. [REDACTED] if she could have [REDACTED]'s phone number to call her as a reference. Ms. [REDACTED] said no. She said that [REDACTED] has lost custody of her children and is doing everything she can to get her children back. She said that she would rather [REDACTED] not have to deal with her problems too. Ms. [REDACTED] said that [REDACTED] is a very good person. She asked if CPSI [REDACTED] could help [REDACTED] by calling her DCS worker and letting her know how well [REDACTED] is doing. CPSI [REDACTED] said that she would see about that. Ms. [REDACTED] said that [REDACTED]'s date of birth is [REDACTED] and her social security number is [REDACTED]. CPSI [REDACTED] asked Ms. [REDACTED] if she could give her the name of anyone who serves as a support for her. Ms. [REDACTED] said that [REDACTED] at [REDACTED] is really her greatest support. CPSI [REDACTED] said ok. CPSI [REDACTED] asked Ms. [REDACTED] who [REDACTED] father is. Ms. [REDACTED] said that he was someone that she had been with one of the times that she and [REDACTED] were apart. She said that she really did not want to tell CPSI [REDACTED] who he is. She said that she is really not sure anyway. CPSI [REDACTED] said that that was fine. Ms. [REDACTED] said that she needed to leave because she is going to [REDACTED] with family today to see [REDACTED]. She said that she has been told that she will get to hold [REDACTED] today. She said that [REDACTED] was changed to a lower lever ventilator. She said that she will take that as a sign of progress. CPSI [REDACTED] said that that sounds like a positive thing to her. CPSI [REDACTED] said that she still has a few things to talk about with Ms. [REDACTED] but they can meet again next week to go over those things since Ms. [REDACTED] needs to get to her son in [REDACTED]. Ms. [REDACTED] thanked CPSI [REDACTED] for understanding. Ms. [REDACTED] then said that it has been very hard driving back and forth to [REDACTED] but she cannot afford a hotel. She said that she was told that she is not eligible for the Ronald McDonald house because she was on drugs when [REDACTED] was born. Ms. [REDACTED] asked CPSI [REDACTED] if she could have help with food for while she is [REDACTED] for the weekend. CPSI [REDACTED] asked if the hospital has a microwave she can use. Ms. [REDACTED] said yes. CPSI [REDACTED] got food for Ms. [REDACTED] from the food pantry at the [REDACTED]. CPSI [REDACTED] thanked Ms. [REDACTED] for meeting with her and asked that she keep in touch with CPSI [REDACTED]. Ms. [REDACTED] said that she would.

Narrative Type: Addendum 2 Entry Date/Time: 03/09/2015 03:45 PM Entered By: [REDACTED]

Family Composition: Ms. [REDACTED] said that she was staying with friends because she does not have a place of her own. She was working with [REDACTED] in [REDACTED] to help her find a place where she and [REDACTED] could live. She would not name the baby's father. She has a girlfriend named [REDACTED]. They do not live together because she said that she and [REDACTED] do not get along when they live together. Ms. [REDACTED] used her aunt's address of [REDACTED] to get mail and for any paperwork. She said that she does not live there. She had CPSI [REDACTED] drop her off at a trailer park off of [REDACTED] on [REDACTED] where she said that she was staying with friends.

Narrative Type: Addendum 1 Entry Date/Time: 02/24/2015 04:10 PM Entered By: [REDACTED]

CPSI [REDACTED] made a copy of [REDACTED] discharge papers from the [REDACTED] saying that she had been to the hospital for a urinary tract infection and been prescribed bactrim DS, Tylenol-Codeine #3, and phenazopyridine. The copy is in that had copy of the file.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

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Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/15/2015 Contact Method: Phone Call  
 Contact Time: 03:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 02:50 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] called [REDACTED] to find out how [REDACTED] was doing. She said that [REDACTED] is very sick, but he is still living. CPSI [REDACTED] said that noone had called her back. [REDACTED] said that she would someone from the blue team call CPSI [REDACTED] back. CPSI [REDACTED] thanked her and hung up.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/14/2015 Contact Method: Phone Call  
 Contact Time: 02:15 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 02:41 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] received a phone call from Ms. [REDACTED] [REDACTED]. She said that she could meet the next day. CPSI [REDACTED] said that would be fine and asked where. It was decided that CPSI [REDACTED] would meet with [REDACTED] at the [REDACTED] at 1pm. CPSI [REDACTED] said that would be fine as she planned to be at the office all day.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/12/2015 Contact Method: Phone Call  
 Contact Time: 03:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 02:22 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] received a phone call from [REDACTED] [REDACTED] identified herself and said that she was calling to speak to [REDACTED] [REDACTED] CPSI [REDACTED] identifeid herself and explained that she would like to meet with Ms. [REDACTED] as soon as possible. Ms. [REDACTED] said that she was not sure when that would work out for her. She said that she has to go to [REDACTED] a lot to see [REDACTED] CPSI [REDACTED] explained that she understood that. She said that she was willing to meet with Ms. [REDACTED] any time and anywhere it would work out best for her. Ms. [REDACTED] said that she was not sure when that would work out. She said that she would call CPSI [REDACTED] back later. CPSI [REDACTED] said okay.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/12/2015 Contact Method: Phone Call  
 Contact Time: 11:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 02:49 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] called [REDACTED] to find out how [REDACTED] was doing. She said that [REDACTED] is very sick, but he is still living. CPSI [REDACTED] asked her if she could speak to someone medical to get information about what may have caused [REDACTED] health problems. [REDACTED] said that she would someone from the blue team call CPSI [REDACTED] back. CPSI [REDACTED] thanked her and hung up.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/10/2015 Contact Method: Attempted Phone Call  
 Contact Time: 02:00 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 02:18 AM Entered By: [REDACTED] [REDACTED]  
 CPSI [REDACTED] missed a call from [REDACTED]. CPSI [REDACTED] called it back and left a message.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/08/2015

Contact Method: Face To Face

Contact Time: 07:10 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/17/2015

Completed date: 01/19/2015

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview,Collateral Contact

Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/17/2015 12:50 PM Entered By: [REDACTED]

CPSI [REDACTED] went to the home at [REDACTED]. CPSI [REDACTED] was not sure between two homes which house belonged to Ms. [REDACTED]. CPSI [REDACTED] started toward the house on the right. CPSI [REDACTED] was met in the driveway by a man who said that [REDACTED] mother lived in the house on the left. CPSI [REDACTED] went to that house and knocked on the door. An older African American woman came to the door. CPSI [REDACTED] asked to speak to [REDACTED]. The woman who answered the door said that [REDACTED] was not in. CPSI [REDACTED] asked the woman if she knew how to reach [REDACTED]. The woman said that she did. CPSI [REDACTED] asked her what her name was. She said that her name was [REDACTED]. She said that she would try to call [REDACTED] and see if she could come to the house to talk with CPSI [REDACTED]. CPSI [REDACTED] thanked her and waited. While CPSI [REDACTED] was waiting, another person came in to the house. She was wearing a coat with the hood up. She asked CPSI [REDACTED] what she was doing there. CPSI [REDACTED] said that she was looking for [REDACTED] to talk with her about [REDACTED]. The woman said that she would also see if she could reach [REDACTED]. After a few minutes, the woman said that they could not reach [REDACTED]. CPSI [REDACTED] wrote her number on a piece of paper and asked if they would please have [REDACTED] call her. They agreed. CPSI [REDACTED] asked [REDACTED] if she could have her cell phone number in case she needed to call her for anything. [REDACTED] agreed and said that her number was [REDACTED]. CPSI [REDACTED] thanked her for the information and for having [REDACTED] call her as soon as possible. CPSI [REDACTED] left the home.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/08/2015 Contact Method: Attempted Face To Face  
 Contact Time: 05:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: Family Home Created Date: 01/08/2015  
 Completed date: 01/08/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/08/2015 09:43 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] received a phone call from the number that Ms. [REDACTED] had said was her number. CPSI [REDACTED] answered the phone. The person on the other end of the phone asked who CPSI [REDACTED] was. CPSI [REDACTED] explained that she was [REDACTED] [REDACTED] and that she worked for the Department of Children's Services. The person had a deep voice, and CPSI [REDACTED] could not tell for sure if it were a man or a woman that she was talking to. The person asked CPSI [REDACTED] what she wanted. CPSI [REDACTED] explained that she was looking for [REDACTED] or [REDACTED] in order to talk with her about her son [REDACTED]. The person said that she would tell Ms. [REDACTED] to call CPSI [REDACTED]. CPSI [REDACTED] said that she knew that [REDACTED] partner, [REDACTED] works at [REDACTED]. CPSI [REDACTED] said that she could go there to get in touch with Ms. [REDACTED]. The person on the phone said that that was not necessary because she would get Ms. [REDACTED] to call CPSI [REDACTED] back. CPSI [REDACTED] thanked the person and hung up.

Narrative Type: Addendum 1 Entry Date/Time: 01/17/2015 12:48 PM Entered By: [REDACTED] [REDACTED]

This was at 8pm - not 4pm.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/08/2015

Contact Method: Phone Call

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/20/2015

Completed date: 01/20/2015

Completed By: [REDACTED] [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 02:45 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] called [REDACTED] at the [REDACTED] CPSI [REDACTED] explained who she was. Ms. [REDACTED] agreed to keep CPSI [REDACTED] updated as to [REDACTED] status. She did say that [REDACTED] was very very ill. CPSI [REDACTED] asked her if she knew if anything was caused by Ms. [REDACTED] drug use. Ms. [REDACTED] said that she could not say that as she is not medical. She said that the blue team who cares for [REDACTED] was on rounds and could not speak to CPSI [REDACTED] at that time. CPSI [REDACTED] thanked her and hung up.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/07/2015 Contact Method: Phone Call  
 Contact Time: 11:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 02:03 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] called [REDACTED] who is the social worker at [REDACTED] Ms. [REDACTED] said that Ms. [REDACTED] had been in trouble for possession. She said that she was on probation and that [REDACTED] is her [REDACTED]. She also said that she believes that [REDACTED] [REDACTED] had undergone a psychological evaluation. CPSI [REDACTED] went over what had been alleged with Ms. [REDACTED]. She said that she believed that everything that the referent had said was true. CPSI [REDACTED] thanked her for the information and hung up.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/06/2015 Contact Method: Phone Call  
 Contact Time: 09:00 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/20/2015  
 Completed date: 01/20/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 01:51 AM Entered By: [REDACTED]

CPSI [REDACTED] called the [REDACTED]. CPSI [REDACTED] spoke to [REDACTED] who is the [REDACTED] taking care of [REDACTED] this date. CPSI [REDACTED] said that she wanted to know if [REDACTED] problems could have been caused by his mother's opiod use and her marijuana use. [REDACTED] said that she could not answer that. She said that she is not the usual person who cares for [REDACTED]. She said that [REDACTED] is cared for by the blue team. She said that CPSI [REDACTED] should call back the next day to talk with someone on the blue team. [REDACTED] also said that that [REDACTED]. CPSI [REDACTED] thanked her and hung up.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/06/2015

Contact Method: Phone Call

Contact Time: 08:55 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/20/2015

Completed date: 01/20/2015

Completed By: [REDACTED] [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Referent Interview

Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 01:53 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] contacted the referent regarding the referral information and initiation of the CPS investigation.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/06/2015 Contact Method:  
 Contact Time: 08:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/17/2015  
 Completed date: 01/17/2015 Completed By: [REDACTED] [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/17/2015 12:47 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] returned to work and was assigned the [REDACTED] [REDACTED] case. CPSI [REDACTED] called both numbers sent by CPSI [REDACTED] [REDACTED] for Ms. [REDACTED]. The number [REDACTED] was not answered. CPSI [REDACTED] then called the [REDACTED] number. CPSI [REDACTED] left a message on the latter number asking for Ms. [REDACTED] to call her back.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/30/2014

Contact Method: Face To Face

Contact Time: 12:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 01/05/2015

Completed date: 01/05/2015

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/05/2015 10:11 AM Entered By: [REDACTED]

CPSI [REDACTED] observed the infant, [REDACTED] at [REDACTED] on December 30, 2014. [REDACTED] was observed to be very small and was on a ventilator. CPSI [REDACTED] was only able to observe [REDACTED] through glass as he is currently very sick.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED] Case Name: [REDACTED]  
 Case Status: Close Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 12/30/2014 Contact Method: Face To Face  
 Contact Time: 12:45 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 01/05/2015  
 Completed date: 01/05/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/05/2015 10:14 AM Entered By: [REDACTED]

CPSI [REDACTED] spoke with [REDACTED] she is the [REDACTED] assigned to [REDACTED]. According to Ms. [REDACTED] the mother and her partner were at the hospital yesterday to visit the infant. The hospital gave them a family room for the night so that they could spend more time with [REDACTED] since transportation is an issue. The mother, [REDACTED] is not eligible to stay at the Ronald McDonald House because of DCS involvement and the Hospitality House is \$20.00 a night and Ms. [REDACTED] stated she is unable to afford that at this time. The family was made aware that they had a room in the hospital at around 4:30PM on December 29, 2014. According to hospital staff Ms. [REDACTED] chose not to use the room and actually left that evening. CPSI [REDACTED] did not observe the mother at the hospital on December 30, 2014 and staff stated that she had not been at the hospital on that day. There is some concern that Ms. [REDACTED] was not aware of how sick [REDACTED] actually is and that his chances of survival are limited. At this time [REDACTED] is on a ventilator which is keeping him alive. The social worker, [REDACTED], can be contacted at [REDACTED] and her pager number is [REDACTED]. Ms. [REDACTED] provided CPSI [REDACTED] with two possible phone numbers for the mother and they are [REDACTED] or [REDACTED]. CPSI [REDACTED] provided Ms. [REDACTED] with contact information for CPSI [REDACTED] and LI [REDACTED] so that someone from the appropriate county can be contacted if [REDACTED] was to pass away.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED] Case Name: [REDACTED]  
Case Status: Close Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 12/29/2014 Contact Method:  
Contact Time: 01:20 PM Contact Duration: Less than 30  
Entered By: [REDACTED] Recorded For:  
Location: Other Community Site Created Date: 01/20/2015  
Completed date: 01/20/2015 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Case Summary  
Contact Sub Type:

**Children Concerning****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/20/2015 12:44 AM Entered By: [REDACTED]

ESTABLISH: 712/29/14

VICTIM(S): [REDACTED]

ALLEGATION(S): Drug Exposed Infant

ALLEGED PERP(S): [REDACTED] - mother

PRIORITY ASSIGNED: 3

INTAKE DATE: 12/29/14

RESPONSE DATE: 12/30/14

DUE DATE: 12/30/14

DATE THE NOTICES WERE SENT TO THE JUDGE AND THE REFERENT: [REDACTED] notified the reporter. The Judge's letter was sent 1/6/2015.

**Reporter states:**

[REDACTED] was admitted to [REDACTED] for delivery on [REDACTED]. [REDACTED] was born premature at 24 weeks. He reportedly stayed in the NICU until December 27, 2014 at [REDACTED]. He was transferred to [REDACTED] to receive a higher level of care. The referent stated when [REDACTED] was born, [REDACTED] tested positive for opiates and THC. [REDACTED] had a prescription for Tylenol with Codeine in it. [REDACTED] had a urine drug screen and tested positive for opiates. Medical personnel determined the positive opiate drug screen was due to the Tylenol. [REDACTED] had a prescription for [REDACTED]. [REDACTED] had a meconium test performed and the results were negative. [REDACTED] signed consent to do donor breast milk while [REDACTED] was in the Neonatal unit due to her positive drug screen. [REDACTED] requested another drug screen so she could give [REDACTED] her breast milk. Another drug screen was ordered on December 11, 2014. [REDACTED] was positive for Marijuana. [REDACTED] denied recent use of Marijuana. Medical personnel report that [REDACTED] seemed impaired while visiting [REDACTED]. This was evident by her falling asleep by the bedside and generally seemed lethargic. [REDACTED] is not demonstrating any signs of withdrawal and reportedly was premature due to rupture of his membranes. The referent stated that this could be caused by drug use and for many other medical reasons. It was unknown if the drug use is what caused his premature birth.

**TFACTS History:**

[REDACTED] herself was an alleged child victim of drug exposure. Her case was an assesment case with services recommended but refused. [REDACTED] partner, [REDACTED] had her children removed in 2013 because of her meth and cocaine use.



# Family Functional Assessment

Case Name: \_\_\_\_\_ Case ID: \_\_\_\_\_  
 Primary Case Worker: \_\_\_\_\_ Begin Date: 01/20/2015  
 Last Review By: \_\_\_\_\_ Last Review Date: \_\_\_\_\_

## I. Current Circumstances:

### A. Reason For Involvement:

01/20/2015 - [REDACTED] - FFA - Family - [REDACTED] was admitted to [REDACTED] for delivery on [REDACTED] was born premature at 24 weeks. He reportedly stayed in the NICU until December 27, 2014 at [REDACTED]. He was transferred to [REDACTED] Hospital to receive a higher level of care. The referent stated when [REDACTED] was born, [REDACTED] tested positive for opiates and THC. [REDACTED] had a prescription for Tylenol with Codeine in it. [REDACTED] had a urine drug screen and tested positive for opiates. Medical personnel determined the positive opiate drug screen was due to the Tylenol. [REDACTED] had a prescription for [REDACTED] had a meconium test performed and the results were negative. [REDACTED] signed consent to do donor breast milk while [REDACTED] was in the Neonatal unit due to her positive drug screen. [REDACTED] requested another drug screen so she could give [REDACTED] her breast milk. Another drug screen was ordered on December 11, 2014. [REDACTED] was positive for Marijuana. [REDACTED] denied recent use of Marijuana. Medical personnel report that [REDACTED] seemed impaired while visiting [REDACTED]. This was evident by her falling asleep by the bedside and generally seemed lethargic. [REDACTED] is not demonstrating any signs of withdrawal and reportedly was premature due to rupture of his membranes. The referent stated that this could be caused by drug use and for many other medical reasons. It was unknown if the drug use is what caused his premature birth.

### B. Family Story:

01/20/2015 - [REDACTED] - FFA - Family - [REDACTED] herself was an alleged child victim of drug exposure. Her case was an assessment case with services recommended but refused. [REDACTED] partner, [REDACTED] had her children removed in 2013 because of her meth and cocaine use.

## II. Assessment of Family Strengths and Needs/Risks:

### A. Family Significant Strengths:

01/20/2015 - [REDACTED] - FFA - Family - Ms. [REDACTED] has support of family and friends including her girlfriend, [REDACTED] Ms. [REDACTED] is aware of and is using resources in the community.

### B. Family Significant Needs/Risks/Concerns:

01/20/2015 - [REDACTED] - FFA - Family - Ms. [REDACTED] was positive for marijuana and opioids on [REDACTED] on a urine drug screen. [REDACTED] was positive for opioids on a urine drug screen 12/6/14. Ms. [REDACTED] was an alleged victim of drug exposure herself. Services were recommended for Ms. [REDACTED] mother [REDACTED] but she refused services. [REDACTED] Ms. [REDACTED] partner, lost custody of her own children in 2013 due to her cocaine and meth use.

## III. Person Information:

### A. Children:

01/20/2015 - [REDACTED] - FAST - [REDACTED] - [REDACTED] passed away on 1/19/15 at 9:26pm.

01/20/2015 - [REDACTED] - FFA - [REDACTED] - [REDACTED] was born 12/6/2014 and died 1/19/2015. Her was born very prematurely at 23 to 24 weeks gestation. His mother was [REDACTED] Ms. [REDACTED] did not disclose who [REDACTED] father was. DOB [REDACTED] and SSN: [REDACTED]

**B. Adults:**

01/20/2015 - [REDACTED] - FAST - [REDACTED] - Ms. [REDACTED] does not have a job and no way to support herself. She said that goes to [REDACTED] and sees [REDACTED] in [REDACTED] for medicine. She reported that she had used marijuana on Thanksgiving and again on New Year's Eve. She said that she does not have a problem with drugs. She also tested positive for opiates, but she explained that she had a prescription for Tylenol with codeine which CPSI [REDACTED] saw.

01/20/2015 - [REDACTED] - FFA - Family - [REDACTED] is [REDACTED] partner. She said that they do not live together. Ms. [REDACTED] also said that Ms. [REDACTED] is trying to get back her children after she lost them due to drug use. DOB: [REDACTED] and SSN: [REDACTED] CPSI [REDACTED] did not meet Ms. [REDACTED] because [REDACTED] said that she did not want her to.

01/20/2015 - [REDACTED] - FFA - [REDACTED] - [REDACTED] is an African American female. She had one son named [REDACTED] who was born very prematurely at 23 to 24 weeks gestation. He died 1/19/15. DOB: [REDACTED] and SSN: [REDACTED]

**C. Family Together History:**

01/20/2015 - [REDACTED] - FAST - [REDACTED] - Ms. [REDACTED] does not have a job. She reported that she is homeless and staying with friends.

**D. Other Significant Relationships:**

**E. Legal/Court/DCS History:**

Intake ID		Decision Date / Time		Intake Type		Investigation ID/ Assessment ID	
[REDACTED]				CPS		[REDACTED]	
Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info		

**IV. Assessment of Safety:**

01/16/2015 - [REDACTED] - Safety - [REDACTED] - [REDACTED] was born on [REDACTED] He was positive on a urine drug screen for marijuana and opiates. His meconium was tested, and it came back negative. It is unknown if [REDACTED] medical problems were caused by her mother's drug use. It is unknown if [REDACTED] was born prematurely because of his mother's drug use.

01/20/2015 - [REDACTED] - Safety - [REDACTED] - [REDACTED] -

01/20/2015 - [REDACTED] - FFA - [REDACTED] - [REDACTED] passed away 1/19/15 at 9:36pm.

**V. Assessment of Well Being:**

01/20/2015 - [REDACTED] - FFA - [REDACTED] - [REDACTED] passed away 1/19/15 at 9:36pm.

**VI. Assessment of Permanence:**

01/20/2015 - [REDACTED] - FFA - Family - [REDACTED] passed away 1/19/15 at 9:36pm.

**VII. Assessment of Resources:**

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
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01/20/2015 - [REDACTED] - FFA - Family - Ms. [REDACTED] is aware of resources in the community. She uses [REDACTED] in [REDACTED] as well as [REDACTED]. She has a lot of support from family and her girlfriend, [REDACTED].

\_\_\_\_\_  
*Worker's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Date*



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]  
 County: [REDACTED] Worker:  
 Date of Referral: 12/29/14 1:11 PM Date of Assessment: 1/16/15 12:00 AM  
 Assessment Type: Initial Number of Children in the Household: 1

**Section 1: Immediate Harm Factors**

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
  - Death of a child due to abuse or neglect.
  - Care taker fears that s/he will maltreat the child.
  - Threat to cause harm or retaliate against the child.
  - Excessive discipline or physical force.
  - Drug-affected infant/child.
  - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



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10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

**If no immediate harm factors are observed, proceed to Section 3**

#### Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

#### Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): \_\_\_\_\_

#### Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



Tennessee Department of Children's Services  
SDM™ Safety Assessment

Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
  - All children placed.
  - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Team Leader: \_\_\_\_\_

Date: \_\_\_\_\_



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]  
 County: [REDACTED] Worker:  
 Date of Referral: 12/29/14 1:11 PM Date of Assessment: 1/20/15 12:00 AM  
 Assessment Type: Closing Number of Children in the Household: 1

**Section 1: Immediate Harm Factors**

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
  - Death of a child due to abuse or neglect.
  - Care taker fears that s/he will maltreat the child.
  - Threat to cause harm or retaliate against the child.
  - Excessive discipline or physical force.
  - Drug-affected infant/child.
  - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



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### SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

**If no immediate harm factors are observed, proceed to Section 3**

#### Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

#### Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): \_\_\_\_\_

#### Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



Tennessee Department of Children's Services  
SDM™ Safety Assessment

Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
  - All children placed.
  - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Team Leader: \_\_\_\_\_

Date: \_\_\_\_\_